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MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Maricopa State Arizona State File No. 2646
District or Township _____ or Village _____ Registered No. 1940
City Phoenix No. So. 24th St. (If death occurred in a hospital or institution, give its NAME instead of street and number).
2. FULL NAME John Harry Symmonds
(a) Residence, No. So. 24th St. (Usual place of abode) St. _____ Ward _____
Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) March 31, 1857
7. AGE Years 69 Months _____ Days _____ IF LESS than 1 day _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) (State or country) Ills.
10. NAME OF FATHER L. F. Symmonds
11. BIRTHPLACE OF FATHER (State or country) Ohio. (city or town) _____
12. MAIDEN NAME OF MOTHER Tyner
13. BIRTHPLACE OF MOTHER (State or country) Ind. (city or town) _____

14. Informant Alverda Wright
(Address) So. 24th St.
15. Filed 1-7 1927 R. D. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 31, 1926 Month Dec Day 31 Year 1926
17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1926 to Dec 30, 1926
that I last saw him alive on Dec 30, 1926
and that death occurred, on the date stated above, at 12:30 PM.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(duration) 1 yrs. 6 mos. 1 ds.
CONTRIBUTORY (Secondary) Sensitility
(duration) _____ yrs. _____ mos. _____ ds.
18. Where was disease contracted if not at place of death? _____
Did an operation precede death? No Date of _____
Was there an autopsy? X
What test confirmed diagnosis? Chemical
(Signed) H. B. N. Williams M. D.
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Greenwood Cemetery DATE OF BURIAL Jan. 4, 1927
20. UNDERTAKER A. L. Moore & Sons ADDRESS _____